

Employee ID # 145605	Employee or Contractor Title Forensic Scientist III	Bargaining Unit 9	Appropriation 80000106	Unit 2530	Object B02
Document Total:\$	Reconciliation Date:	Schedule Pay Date:		Budget FY 2013	FY 2013

**Employee's Certification:** I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties or the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement. **Employee's Signature:** *[Signature]*

**Employee's Signature**

Supervisor's Approval:	Title: <i>LAB Sup II</i>	Date: <i>1/15/13</i>
Fiscal Verification:	Title: _____	Date: _____
Fiscal Approval:	Title: _____	Date: _____